02:34:51 p.m.

07-15-2011

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07/06/2011 14:24 8655945739 DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FACILI ...

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154 8113	///	PRINTED: 07/01/201 FORM APPROVE OMB NO. 0938-039
(X2) MULTIPLE CONSTRUCTION	<i>[11]</i> .	(X3) DATE SURVEY COMPLETED

	THE PARTY OF THE P
CENTERS FOR MEDICARI	E & MEDICAID SERVICES
	THE PROPERTY OF TAILORD

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

445145

a building B. WING

06/29/2011

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDEI	N LIVINGCENTER - MOUNTAIN VIEW	1	REET ADDRESS, CHY, STATE, ZIP CODE 1860 BYPASS ROAD MINCHESTER, TN 37398	
(X4) 1D PRÉFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).  This REQUIREMENT is not met as evidenced by:  Based on medical record review, observation, and interview, the facility failed to update the care plan for two residents (#13, # 14) of twenty-four residents reviewed.  The findings included:  Resident #13 was admitted to the facility on July 12, 2007, with diagnoses including Alzheimer's Dementia, Arthritis, Cardiomegaly, Psychotic	F 279	Disclaimer Submission of this response and plan of correction is not A legal admission that deficiency exists or that this Statement of deficiencies was correctly cited, and is Also not to be construed as an admission of interest Against the facility, the Executive Director or any Employees, agents or other individuals who draft or may Be discussed in this response and plan of correction. In addition, preparation and submission of this plan Of correction does not constitute an admission of? Agreement of any kind by the facility or the correctness Of any conclusions set forth in this allegation by the Survey agency. Accordingly, the facility has prepared And submitted this plan of correction prior to the resolution Of any appeal which may be filed solely because of the Requirements under state and federal law that mandate Submission of a plan of correction within (10) ten days Of the survey as a condition to participate in Title 18 and Title 19 programs. The submission of the plan of Correction within this time frame should in no way be Considered or construed as agreement with the allegations Of non-compliance or admissions by the facility. This plan of correction is submitted as the facility's credible allegation of compliance.	

LABORATORY DIFFECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE tamkeed

Disorder and Heart Failure.

TITLE EXECUTIVE DIRECTOR (XX) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from corracting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are discloseble 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are discloseble 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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HEALTH CARE FACILITY

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 279 Continued From page 1 Medical record review of the MDS (Minimum Data Set) dated June 4, 2011, revealed the resident had severe cognitive impairment and required assistance of one to two people for all activities of daily living.  Medical record review of the Plan of Care dated February 18, 2011, revealed no documentation of the use of a Geri chair with an attached tray table.  Observation on June 27, 2011, at 2:30 p.m., and June 28, 2011, at 10:45 a.m. and 2:30 p.m., revealed the resident seated in the Geri chair with the tray table in use in front of the resident.  Observation revealed no obserations of meals being served or activities taking place.  Interview with the Assistant Director of Nursing Services, on June 28, 2011, at 9:10 a.m., in the Advanced Alzheimer's Care Unit nursing station confirmed the care plan was not updated to include the use of the attached tray table as an intervention.  Resident #14 was admitted to the facility on September 12, 2008, with diagnoses including Multiple Sciercois and Left Sided Hemiplegia. Medical record review of the Minimum Data Set (MDS) dated March 5, 2011, revealed the resident has range of motion (ROM) impairment of both upper and lower extremities bilaterally.  Review of an Occupational Therapy Screening	OPINI CI	AG TON MEDICAN	CE & MEDICAID SERVICES			10.000		OWR NO	. 0938-0391
MAKE OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - MOUNTAIN VIEW  SUMMARY STATEMENT OF DEFICIENCIES (CA) ID PREFIX (PACH DEFICIENCY MUST BE PRECEDED BY PULL TAGS  FACILITYORY OR LSC IDENTIFYING MYORAMTON)  F 279  Continued From page 1  Medical record review of the MDS (Minimum Data Set) dated June 4, 2011, revealed the resident had severe cognitive impairment and required assistance of one to two people for all activities of daily living.  Medical record review of the Plan of Care dated February 18, 2011, revealed no documentation of the use of a Geri chair with an attached tray table.  Observation on June 27, 2011, at 2:30 p.m., and June 28, 2011, at 10:45 a.m. and 2:30 p.m., revealed the resident and one continued appropriateness of treatment plans.  Interview with the Assistant Director of Nursing Services, on June 28, 2011, at 9:10 a.m., in the Advanced Alzheimer's Care Unit nursing station confirmed the care plan was not updated to include the use of the attached tray table as an intervention.  Resident #14 was admitted to the facility on September 12, 2008, with diagnoses including Multiple Scierosis and Left Sided Hemiplegia.  Medical record review of the MDS (Minimum Data Set (MDS) dated March 5, 2011, revealed the resident has range of motion (ROM) impairment of both upper and lower extremities bilaterally.  Review of an Occupational Therapy Screening  Review of an Occupational Therapy Screening  Survices Constitutes Director, Social Services of Virusing, Assistant Director of Nursing, Assistant Director of Nursing	STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION		Same Name of		v.	SCTION	(X3) DATE S COMPLE	URVEY ETED
GOLDEN LIVINGCENTER - MOUNTAIN VIEW  CAN ID  SUMMARY STATEMENT OF DEFICIENCIES TAG  SUMMARY STATEMENT OF DEFICIENCIES TAG  SUMMARY STATEMENT OF DEFICIENCIES TAG  COMPLETE TAG  CONTINUED FROM DEPOCHMENT OF DEFICIENCIES TAG  FROM DEPOCHMENT PLAN OF CORRECTION ENCOUGHER ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  DATE  F279  Continued From page 1  Medical record review of the MDS (Minimum Data Set) dated June 4, 2011, revealed the resident had severe cognitive impairment and required assistance of one to two people for all activities of dally living.  Medical record review of the Plan of Care dated February 18, 2011, revealed no documentation of the use of a Geri chair with an attached tray table.  Observation on June 27, 2011, at 2:30 p.m., revealed the resident seated in the Geri chair with the tray table in use in front of the resident. Observation revealed no obserations of meals being served or activities taking place.  Interview with the Assistant Director of Nursing Services, on June 28, 2011, at 9:10 a.m., in the Advanced Athelmen's Care Unit nursing station confirmed the care plan was not updated to include the use of the attached tray table as an intervention.  Resident #14 was admitted to the facility on September 12, 2008, with diagnoses including Multiple Solerosis and Left Sided Hemiplegia. Medical record review of the MInimum Data of Director of Nursing, Assistant Director of Nursing, Advisites Director, Social Services Director, Registered Nurse and therapy.  Education will be done with nursing staff who develop and update care plans on identifying proper interventions for residents with assistive devices by RN Clincal Consultant.  Modical record review of the Minimum Data Services Director, Registered Nurse and therapy or continued appropriateness of readment will be done to identify assistive devices care plan was not updated to reflect appropriateness of residents will be done to identify assistant Director of Nursing, Advisites Director, Social Services Director, Registered Nurse and		•		B. WIN	NG			06/2	9/2011
PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  FREEDRATE (EACH DEFICIENCY MIST IS PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 279  Continued From page 1  Medical record review of the MDS (Minimum Data Set) dated June 4, 2011, revealed the resident had severe cognitive impairment and required assistance of one to two people for all activities of daily living.  Medical record review of the Plan of Care dated February 18, 2011, revealed no documentation of the use of a Geri chair with an attached tray table, the tray table in use in front of the resident was the potential to be affected. Audits of current residents will be done to identify assistive devices have potential to be affected. Audits of current residents will be done to identify assistive devices care plan will be updated to reflect ear by IDT consisting of Director of Nursing, Assistant Director of Nursing, Services, on June 28, 2011, at 10:45 a.m., in the Advanced Atzhelmer's Care Unit nursing station confirmed the care plan was not updated to include the use of the attached tray table as an intervention.  Resident #14 was admitted to the facility on September 12, 2008, with diagnoses including Multiple Scierosis and Left Sided Hemiplegia, Medical record review of the Minimum Data Set (MDS) dated March 5, 2011, revealed the resident has range of motion (ROM) impairment of both upper and lower extremities bilaterally.  Review of an Occupational Therapy Screening					138	0 BYPASS	ROAD		
Medical record review of the MDS (Minimum Data Set) dated June 4, 2011, revealed the resident had severe cognitive impairment and required assistance of one to two people for all activities of dally living.  Medical record review of the Plan of Care dated February 18, 2011, revealed no documentation of the use of a Geri chair with an attached tray table.  Observation on June 27, 2011, at 2:30 p.m., and June 28, 2011, at 10:45 a.m. and 2:30 p.m., revealed the resident seated in the Geri chair with the tray table in use in front of the resident.  Observation revealed no obserations of meals being served or activities taking place.  Interview with the Assistant Director of Nursing Services, on June 28, 2011, at 9:10 a.m., in the Advanced Alzheimer's Care Unit nursing station confirmed the care plan was not updated to include the use of the attached tray table as an intervention.  Resident #14 was admitted to the facility on September 12, 2008, with diagnoses including Multiple Sclerosis and Left Sided Hemiplegia. Medical record review of the Minimum Data Set (MDS) dated March 5, 2011, revealed the resident has range of motion (ROM) impalment of both upper and lower extremities bilaterally.  Review of an Occupational Therapy Screening.	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREF	IX	PR (EAC	OVIDER'S PLAN OF CORRECTIVE ACTION SHO REFERENCED TO THE APPR	ULD BE	COMPLETION DATE
dated June 14, 2011, revealed "has left resting hand splint"  concerns will be reported and discussed in QAA.  7/15/11  Medical record review of the Nursing Care Plan	F 279	Medical record reset) dated June 4 had severe cogniassistance of one daily living.  Medical record reset reservant 18, 201 the use of a Geri.  Observation on Ji June 28, 2011, at revealed the resident at tray table in underview with the Services, on June Advanced Atzheir confirmed the car include the use of intervention.  Resident #14 was september 12, 20 Multiple Scierosis Medical record ref (MDS) dated Marcresident has range of both upper and Review of an Occidated June 14, 20 hand splint"	eview of the MDS (Minimum Data 1, 2011, revealed the resident tive impairment and required to two people for all activities of eview of the Plan of Care dated 1, revealed no documentation of chair with an attached tray table.  The event of the Plan of Care dated 1, revealed no documentation of chair with an attached tray table.  The event of the Plan of Care dated 1, revealed no documentation of chair with an attached tray table.  The event of the resident and no obserations of meals citivities taking place.  Assistant Director of Nursing 28, 2011, at 9:10 a.m., in the mer's Care Unit nursing station to plan was not updated to the attached tray table as an admitted to the facility on 108, with diagnoses including and Left Sided Hemiplegia.  The admitted to the facility on 108, with diagnoses including and Left Sided Hemiplegia.  The even of the Minimum Data Set ch 5, 2011, revealed the end of motion (ROM) impairment the company of the motion (ROM) impairment the company of the motion of the resting 111, revealed "has left resting 112, revealed "has left resting 112, revealed "has left resting 113, revealed "has left resting 114, revealed "has left resting 115, revealed "	F		Resident #1 to reflect cu chair. Resid updated to r self exercise of Director of Nursing, Services Di Both reside therapy for of treatment Facility rece devices hav Audits of cu to identify a be updated t of Director of Nursing, Services Di therapy.  Education w who develop identifying p residents wit RN Clincal Monitoring through audi assistive dev weekly x 4 t consisting of Assistant Di Activities Di Director, Re concerns wil	rrent use of tray with geri ent #14 care plan was effect splint and current program by IDT consisting of Nursing, Assistant Direct Activities Director, Social rector, Registered Nurse. at #13 and #14 were screen continued appropriateness plans.  Degnizes residents with assiste potential to be affected. In the sister of Nursing, Assistant Direct Activities Director, Social rector, Registered Nurse and proper interventions for the assistive devices care plans of Nursing, Assistant Direct Activities Director, Social rector, Registered Nurse and proper interventions for the assistive devices by Consultant.  Def care plans updates will be it of 10% of residents with ices will be conducted then monthly x 2 by IDT of Director of Nursing, rector, Social Services gistered Nurse. Any I be reported and	by tive will sting tor	7/15/11

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICAR	RE & MEDICAID SERVICES				OMB NO	. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	in the second	стюн	(X3) DATE S	
		445145	B, WING	3		06/2	29/2011
	ROVIDER OR SUPPLIES			TREET ADDRESS 1360 BYPASS WINCHESTE	1	Photography and the state of th	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH	OVIDER'S PLAN OF CO CORRECTIVE ACTIO REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETION DATE
F 279	dated January 15 2011, revealed no resident's impaire interventions regard or exercise bands Observation on Jarevealed the resident hand and attached to the significant has Multi-Both upper and interview with the 28, 2011, at 3:15 room revealed the therapy or restores.	y, 2011, and updated on June 7, or specific interventions for the ed range of motion and no parding the resident's hand splint is.  une 28, 2011, at 3:00 p.m., dent lying in bed with a splint to forearm and exercise bands de-rails.  resident on June 28, 2011, at resident's room confirmed the iple Sclerosis and Left Sided impaired strength and ROM in	F 2	79			
F 371 SS=F	self-exercise prowith there-bands the Rehabilitation did wear a hand sthe left hand.  Interview with the (DON), on June 2 DON's office, corraddress the resid program.  483.35(i) FOOD I STORE/PREPART	gram that the resident performed on the bed rails. Interview with Director confirmed the resident splint to prevent contractures of Interim Director of Nursing 29, 2011, at 8:45 a.m., in the firmed the care plan did not ent's hand splint or self exercise PROCURE, RE/SERVE - SANITARY	F3	71			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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## HEALTH CARE FACILITY

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	
		445145	B. WING_		06/2	9/2011
	ROVIDER OR SUPPLIER LIVINGCENTER - N			REET ADDRESS, CITY, STATE, ZIP O 1360 BYPASS ROAD WINCHESTER, TN 37398	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DIFFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETION DATE
F 371	considered satisfa authorities; and	actory by Federal, State or local , distribute and serve food	F 371		* 21	
	by: Based on observinterview during the on June 27, 2011	ENT is not met as evidenced atton of the serving line and ne preparation of the lunch meal, the facility failed to maintain an emperature for two of four foods ided:	9	F 371  Corrective Actions Residents: A limited number of in affected by the deficient was immediately removed table and replaced. Pure meats were replaced on at the correct holding temp  Identification of Other F Potential to Be Affected: All residents have a paffected by this practice.	practice. Food from the steam ed and Ground the steam table erature. Residents with	
	Observation of the	e serving line at 12:35 p.m., on		Systemic Changes		

June 27, 2011, revealed the following:

- 1) The serving line had begun plating food at 12:15 p.m., food trays had been served to two nursing units, and about twenty residents were presently eating in the main dining room.
- 2) Observations included the pureed and chopped chicken being served.
- 3) After calibrating a thermometer, the assistant dietary manager took temperatures of the chicken breast, baked beans, chopped chicken and pureed chicken.
- 4) The pureed chicken temperature measured 122 degrees and was pulled from the serving line.
- 5) The chopped chicken temperature measured 134 degrees and was pulled from the serving line.

## Systemic Changes:

Vents were closed over the steam table New steam table will be purchased. Bids being obtained.

In-service training was provided by Department Manager with all dietary employees on June 28, 2011. In-service completed on temperature policy, how to read a thermometer and when to record food temperatures

1) end of cooking 2) Beginning of service and 3) mid point of service. All temperatures will be posted on the Department logs and reviewed daily by the DSM.

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HEALTH CARE FACILITY

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		& MEDICAID SERVICES				0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145	(X2) MULTII A. BUILDIN B. WING	PLE CONSTRUCTION 3	(X3) DATE \$1 COMPLE	P/2011
7.5	ROVIDER OR SUPPLIER LIVINGCENTER - M		1	EET ADDRESS, CITY, STATE, ZIP 360 BYPASS ROAD ANCHESTER, TN 37398		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	COMPLETION DATE
F 371	Interview with the 12:50 p.m., on Jur serving line, verific	assistant dietary manager, at ne 27, 2011, adjacent to the ad the temperatures of the ed chicken were below the	F 371	Monitoring: The ED and DSM will codietary checklist were September 15, 2011 and thereafter to include a revitemperature logs. The DSM will complete a checklist to include mon	ekly through I then monthly ew of the meal	
				meal temperatures. All checklist/audits will b trends with results and reported in quarterly QA&A	e reviewed for	7/15/11
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